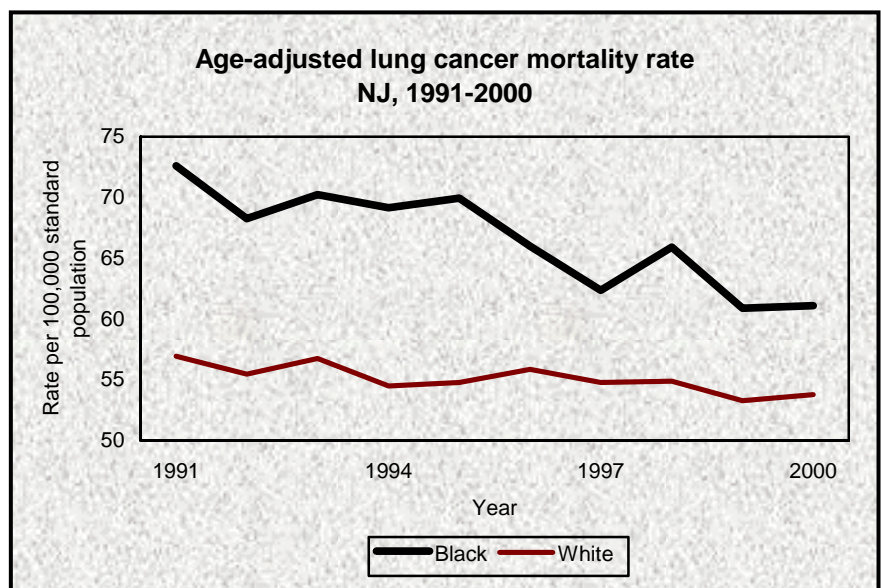


## MONTHLY HEALTH DATA FACT SHEET November 2003

### **November is Lung Cancer Awareness Month November 20 is the Great American Smokeout**

- Each year, nearly 6,000 New Jerseyans are diagnosed with lung cancer and over 4,600 die from this disease.
- There was a decrease in the overall lung cancer incidence rate during the 1990s. The decline was largest among those aged 45-64.
- The incidence rate decreased substantially for men during the 1990s, especially among those aged 50-69. Among women, incidence rates increased slightly during this same period, particularly among those aged 60 and over.
- The incidence rate has decreased more for blacks than for whites, yet as of 2000 the rate for blacks remained higher. The age-adjusted lung cancer incidence rate in 2000 was 68.9 for whites and 72.4 for blacks per 100,000 population.
- During the 1990s, the male lung cancer mortality rate decreased 15%, while the rate for females remained fairly stable.
- The mortality rate decreased more for blacks than for whites (16% vs. 6%) between 1991 and 2000, although the mortality rate for blacks still exceeds that of whites. In 2000, the age-adjusted lung cancer mortality rate was 53.8 for whites and 61.1 for blacks per 100,000 population.
- Cigarette smoking is the leading cause of lung cancer. Nearly 90% of lung cancer cases are attributable to smoking.
- The estimated proportion of New Jersey adults aged 18 and over who are current smokers remained stable at around 21% from 1991 to 2002 among all race/ethnicity groups. The proportion of women who smoke has been less than that of men since 1995. The proportion of New Jerseyans aged 65 and over who are current smokers is significantly less than the proportion among younger age groups.
- Risk factors for lung cancer include cigarette, cigar, or pipe smoking (the more and the longer you smoke, the greater your risk); exposure to secondhand smoke; and high doses of ionizing radiation, residential radon exposure, and occupational exposure to mustard gas, chloromethyl ethers, inorganic arsenic, chromium, nickel, vinyl chloride, radon, asbestos, or byproducts of fossil fuel. Possible risk factors are air pollution and insufficient consumption of fruits and vegetables.



- Smoking cessation, radon mitigation, and minimizing exposure to lung carcinogens at work can reduce the risk for lung cancer.
- To date, there are no recommended screening methods for lung cancer. Currently under study are the use of low-dose helical CT scans (a type of x-ray) and molecular markers in sputum to screen high risk individuals. Chest x-rays and sputum cell analysis have not been shown to be effective in early lung cancer detection.
- Treatment for lung cancer may include surgery, chemotherapy, radiation therapy, or photodynamic therapy, alone or in combination.

For more information about lung cancer from the New Jersey Department of Health and Senior Services:  
[www.state.nj.us/health/cancer](http://www.state.nj.us/health/cancer)

For more information about Lung Cancer Awareness Month: [www.alcase.org](http://www.alcase.org)

For more information about the Great American Smokeout: [www.cancer.org](http://www.cancer.org)

NJDHSS's Comprehensive Tobacco Control Program: [www.state.nj.us/health/as/ctcp](http://www.state.nj.us/health/as/ctcp)

#### Sources:

New Jersey Department of Health and Senior Services, Cancer Epidemiology Services:  
[NJ State Cancer Registry](#), unpublished 1991- 2000 incidence data  
[Cancer Risk Factors](#)

New Jersey Department of Health and Senior Services, [Center for Health Statistics](#):  
 New Jersey 1991-2000 Death Certificate Data Files, unpublished data  
[New Jersey Behavioral Risk Factor Survey](#), 1991-2002 unpublished data

New Jersey Department of Health and Senior Services, [Office of Cancer Control and Prevention](#)



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